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**Feature Article**

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**Feature Article**

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**Neck Surgery**

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## Corpectomy

Provided by Medtronic Sofamor Danek

**What is it?**

Cervical corpectomy is an operation to remove a portion of the vertebra and adjacent intervertebral discs for decompression of the cervical spinal cord and spinal nerves. A bone graft with or without a metal plate and screws is used to reconstruct the spine and provide stability.

**Why is it done?**

In some patients, the cervical spinal canal can be narrowed by bone spurs arising from the back of the vertebral body or the ligament behind the vertebral bodies. In this situation it may be necessary to remove one or more vertebral body and the discs above and below to adequately decompress the spinal cord and/or nerve roots because the area of compression cannot be addressed by an anterior cervical discectomy alone.

**What happens afterward?**

Most patients experience only mild discomfort at the operative site, which is generally well controlled with oral pain medicines. A mild sore throat is not uncommon and is usually short lived. Most patients are discharged from the hospital in 24-48 hours. Patients may notice immediate improvement in some or all of their symptoms, however, some symptoms may improve only gradually. A successful outcome will depend on your compliance with the health care provider's recommendations, and a realistic expectation for meeting the goals of surgery (which depend on one's condition preoperatively).

Since cigarette smoking dramatically impairs bone healing, smoking cessation will significantly improve the likelihood for a successful fusion.

**The Operation**

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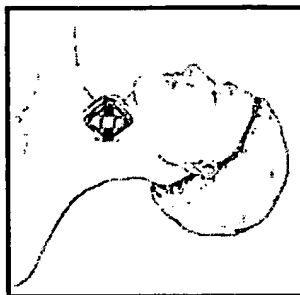
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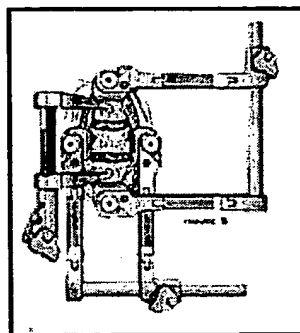
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### **Corpectomy**



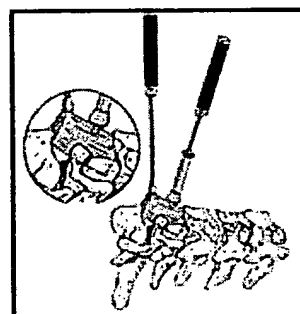
#### ***Incision***

The patient is positioned on their back. If using the patient's own bone, an incision is made over the hip to harvest bone from the iliac crest. For the corpectomy, a small incision is made on either side of the neck. (A longer "up and down" incision may be required for multiple corpectomies).



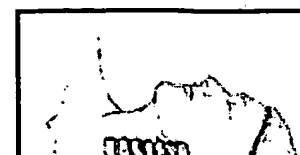
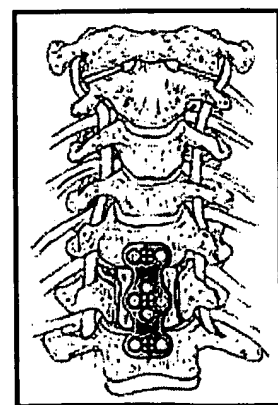
#### ***Decompression***

The cervical spine is widely exposed by separating the spaces between the normal tissues. The discs above and below the vertebrae involved are removed. The middle portion of the vertebrae is removed (some of which is saved for use in the fusion) using special cutting instruments and drills to decompress the underlying spinal cord and nerve roots.



#### ***Reconstruction***

A strut of bone is placed to span the bony defect and provide support to the front of the spine. The bone is incorporated (fused) into the remaining vertebrae over time. Bone from the bone bank (allograft) may be substituted for the patient's own bone. A metal plate and screws are often used to provide extra support and facilitate the fusion process.



#### ***Closure***

Absorbable sutures and sometimes skin staples are used to close the incisions. A cervical collar may or

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may not be required for use after surgery. The doctor will follow the fusion with periodic x-ray exams after the operation.

Technique Contributed By: Dr. B. Theo Mellion

Last Reviewed: 2003 by Medtronic Sofamor Danek

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